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ABSTRACT

Current changes in health care professions requiring practitioners to have more and better communications skills are necessitating the integration of writing into the health curricula of higher education programs. At Ferris State University, a number of models (in Optometry, Dental Hygiene, Health Systems Management, Nursing, Pharmacy, Medical Record Administration, and Industrial and Environmental Health Management) co-exist for the inclusion of technical writing instruction in the health curricula. These models successfully employ (1) a close and supportive relationship between English and program faculty; (2) placement of the writing course as late as possible in the curriculum, i.e., the last quarter or semester prior to internship or employment; (3) course development that takes the actual nature of the profession's writing demands into account; (4) integration of assignment and grading responsibilities among writing teacher and program faculty; (5) consistent follow-up in the writing class, at the internship site, and among graduates of the program; and (6) writing teachers able and willing to cross a considerable cultural divide both in terms of academic culture and subject matter. (KEH)

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The Health Professional as Writer: Two Models for Integrating Writing into the Curricula of Baccalaureate Health Programs

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I want to begin this talk with the kind of forecasting introduction that I tell my students they should always employ in their writing. My talk is based primarily on my experiences teaching medical writing to students in baccalaureate health programs at Ferris State University, and secondarily on my conversations with others doing this same kind of teaching and my research into the teaching of medical writing.

I want to emphasize four main points: (1) Health care is changing in ways that require practitioners to have more and better communications skills; (2) health-related accrediting agencies and professional societies are encouraging and requiring programs in higher education institutions to build more writing experiences into their curricula; (3) several models exist for the integration of writing into a health curriculum, and (4) the best involve (a) a close and supportive relationship between English and program faculty, (b) placement of the writing course as late as possible in the curriculum; say, the last quarter or semester prior to internship or employment, (c) course development that takes the actual nature of the profession's writing demands into account, (d) integration of assignment and grading responsibilities among writing teacher and program faculty,

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(e) consistent follow-up in the writing class, at the internship site, and among graduates of the program, and (f) writing teachers able and willing to cross a considerable cultural divide both in terms of academic culture and subject matter.

I. CHANGES IN HEALTH CARE

The health care system built up in the United States in the 25 years after World War II was characterized by a high degree of regulation, heavy government subsidies to build up hospitals and educational facilities and programs, and liberal grants to students entering the health professions. Liberal reimbursment policies encouraged lengthy hospital stays. A physician shortage and respect for professionals discouraged too much enquiry by patients into the nature of their disease, their treatment, or their alternatives. High degrees of regulation protected the professional (and economic) status of the various health specialties--physicians treated and prescribed, pharmacists dispensed, dental hygienists practiced only in association with dentists. This also tended to discourage much non-traditional practice by those in a given health field--few nurse practitioners, few consultants.

After 1970, this system began to open up under economic and social pressures. Government subsidy decreases forced health care to become more cost-effective, stimulating competition. The dramatic increases

in the number of practitioners in all health specialties also stimulated competition, as health care became more patient-oriented. This tendency toward consumer choice was further stimulated by a social change; patients suddenly wanted detailed answers about disease and treatment, and were not shy about seeking alternatives if answers were unsatisfactory. As states responded to changes in health needs by changing regulations--as examples, in some states physicians can now dispense certain classes of drugs as well as prescribe them;in some states, dental hygienists can now practice solo--career options opened up for professionals previously limited in choices.

II. HEALTH EDUCATORS RESPOND

In his Becoming a Doctor, anthropologist-physician Melvin Konner writes of the first time he realized he part of this trend toward more choice and patient knowledge. As a third-year medical student, he explained to an elderly patient the nature of his disease and the therapy that would help it. His preceptor, an older physician, said to him after the conference that "that old man didn't want to become a physician; he just wanted to get well." That such attitudes are much rarer today among health professionals than even ten years ago is largely due to the efforts of accrediting agencies and health educators. Agencies like the American Pharmaceutical Association (APhA) and the American Medical Record Association (AMRA), responding to the comments of their practicing members, began to rewrite their essentials to require more

writing experiences of students in health programs. Educators have responded, but the place of writing in health programs is always affected by one primary consideration--programs are ultimately evaluated by the success of their graduates in taking a nationally-given licensure/certificate examination: the exam drives the curriculum. Writing thus remains secondary without commitment to it by faculty and administrators in the program areas.

III. MODELS OF WRITING IN HEALTH PROGRAMS

At Ferris, a number of models co-exist for the integration of writing into health curricula. With our Optometry College we have an arrangement under which an English faculty member co-teaches, co-assigns, and co-grades in courses with OPT prefixes. In our 2-year Dental Hygiene program, an English faculty member regularly consults with DHY faculty in designing and making journal assignments. Several baccalaureate health programs--including Health Systems Management, Industrial and Environmental Health Management, and Nursing--require 300-level writing courses, but two in particular have their students take program-specific versions of ENG 321/Advanced Composition at specified points in their careers. These two are Medical Record Administration and Pharmacy. Because these two professions are very different (for example, medical record professionals have virtually no contact with the public, while relatively fewer pharmacists become managers), the courses are necessarily different. There are other

differences as well: (a) the School of Pharmacy adopted the writing course nine years ago at the strong suggestion of its accrediting body, while the Medical Record Administration program adopted the course enthusiastically three years ago in anticipation of accrediting body suggestions; (b) the writing course for Pharmacy students is offered in the last quarter of the junior year of a five-year program, while the medical records students take their writing course in the winter quarter of the senior year of a four-year curriculum; (c) the placement of the course in the Pharmacy curriculum creates a tension in emphasis between teaching it as a science-writing or a professional-writing course, while for the medical record program the writing course has always had a primarily professional writing purpose; (d) faculty who teach writing to Pharmacy students teach it with relatively little contact with or input from the School of Pharmacy, while the medical record program is intimately involved in the development and teaching of writing for their students.

IV. CHARACTERISTICS OF SUCCESSFUL MODELS OF INTEGRATION OF WRITING INTO HEALTH CURRICULA

(a) Good Rapport between English and Program Faculty: Isolation from the content area program does not make it impossible to teach a writing course for the program's students; if nothing else, one is offered the chance to use the course as an experimental proving ground. Yet such isolation can create real problems; professors who tell their students

that "pharmacists never write" threaten the value of your course. Much preferable is a close and continuing cooperative relationship with the program faculty.

(b) Placement of the Writing Course as Late as Possible in the Curriculum: The ultimate aim of adding writing to such professional curricula is to help the graduates move more easily into the professional communities in which they will spend their lives. Especially in the case of programs preparing students to be managers, student success will depend heavily on their ability to write. The later they have writing experiences in their programs, moreover, the more fully they will understand the full dimensions of their profession, its concerns, its audiences, and its place in the world.

(c) Course Development that Takes the Actual Nature of the Profession's Writing Needs into Account: It is tempting to begin teach such a course using a traditional advanced composition model--tempting, but not rewarding. Adequate preparation for such a course includes talking with program faculty, talking with one's local pharmacist or other health professional, talking with people at your local hospital, and, not to be forgotten, researching the profession's journals for articles on communication; in virtually all baccalaureate health professions, there has been a great deal published in the last ten years about communication. One must always remember, of course, that these courses have been adopted to serve career goals.

(d) Integration of Assignment and Grading Responsibilities among English and Program Faculty: With one medical record faculty member, I co-teach procedure and philosophy statement assignments; with another, I co-teach plan and proposal assignments; with a third, I co-teach an in-service education assignment. Integrating all of these still leaves me plenty of room for English-specific assignments--arguments, abstracts, analysis of professional literature, editing, readability adaptation, and others. This arrangement involves giving up part of one's autonomy--something perilous for any teacher. The pay-off is in increased flexibility in assignment design and effectiveness.

(e) Consistent Follow-Up after the Writing Class, the Internship, and among Graduates of the Program: I give my students a before-after writing apprehension test. The medical record program surveys its internship sites (their comments led to the writing requirement) and its graduates. The university surveys its graduates. This data, collection of which is ongoing at most colleges, can help justify a new writing course or fine-tune an established one.

(f) Writing Teachers Able to Cross a Considerable Cultural Divide both in Terms of Academic Culture and Subject Matter: Faculty in the liberal arts often feel they are not taken seriously by their colleagues in professional programs; faculty in career programs often suspect that their liberal arts colleagues think them to be no more than techs with an unhealthily close orientation to the workplace. In their estimate of

collegial opinion, both are too often correct. Writing teachers who want to work successfully with their health program colleagues need to immerse themselves in the subject matter through professional publications, magazines like In Health that publish articles on health subjects for the lay public, and course in disagreeable subjects like biostatistics, pathophysiology, and drug literature [not DeQuincey and Huxley]. Your reward comes when your health program colleagues begin to come to you to offer advice, suggest collaboration, and even seek help.

CONCLUSION

Today, as never before, the health community recognizes the importance of good communications. Good communication can improve the dissemination of medical knowledge, help persons in the public learn about good health practices, and increase patient compliance and understanding. Working with our fellow educators in health programs, we in English can contribute to these goals.

Thank you for your attention.